2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005832

Entity Name: SR. SANTO NINO SINULOG OF MIAMI, INC.

FILED Mar 24, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
20231 SW : MIAMI, FL :	128 COURT 33177 US						
Current Mailing Address:				New Mailing Address:			
155223 SW 41 ST PO BOX 650615 MIAMI, FL 33185 US			20231 SW 128 COURT MIAMI, FL 33177 US				
FEI Number:	20-3015274	FEI Number Applied For ()	FEI Num	nber Not Appli	cable ()	Certificate of	Status Desired ()
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:							
SICSIC, ISABELO 20231 SW 128 COURT MIAMI, FL 33177 US							
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.							
SIGNATURE:							
Electronic Signature of Registered Agent				Date			
OFFICERS AND DIRECTORS:			${\bf ADDITIONS/CHANGES\ TO\ OFFICERS\ AND\ DIRECTORS:}$				
Title: Name: Address: City-St-Zip:	DC () [MENDOZA, MER 6443 SW 166 CC MIAMI, FL 33193	DURT		Title: Name: Address: City-St-Zip:	()	Change () Ad	dition
Title: Name: Address: City-St-Zip:	DVC () [QUINTANA, JAPI 17433 SW 143 F MIAMI, FL 3317	PLACE		Title: Name: Address: City-St-Zip:	DVC (X) SICSIC, JULIET 20231 SW 128 0 MIAMI, FL 3317	CT	ldition
Title: Name: Address: City-St-Zip:	DS () EVILLANUEVA, JA 7413 SW 158TH MIAMI, FL 33193	PLACE		Title: Name: Address: City-St-Zip:	()	Change () Ad	dition
Title: Name: Address: City-St-Zip:	DT () [GRANADA, MARG 17307 SW 140 C MIAMI, FL 3317	COURT		Title: Name: Address: City-St-Zip:	()	Change () Ad	dition
Title: Name: Address: City-St-Zip:	D () [SICSIC, JULIET 20231 SW 128TH MIAMI, FL 33177			Title: Name: Address: City-St-Zip:	D (X) QUINTANA, JAP 17433 SW 143 I MIAMI, FL 3317	PL	ldition
Title: Name: Address: City-St-Zip:	D () [REYES, PROCO 7024 SW 161 PL MIAMI, FL 33193	ACE		Title: Name: Address: City-St-Zip:	D (X) BACULI, OPHEL 15669 NW 12 R PEMBROKE PIN	D	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JACQUELINE VILLANUEVA DS 03/24/2009